MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
09/582719	
APPLICANT(S)	

CLAIMS

	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
1	/		/				51						
2		/		/			52						
3		2		/			53						
4		2					54						
5		2					55						
6		2					56						
7		2		/			57						
8		2		/			58						
9	/		/				59						
10		/		/			60						
11		/		/			61						
12		/					62						
13		/		/			63						
14		2		/			64						
15		2		/			65						
16		①		/			66						
17		①		/			67						
18		①		/			68						
19		①		/			69						
20		①		/			70						
21		①		/			71						
22		①		/			72						
23		①		/			73						
24		①		/			74						
25		①		/			75						
26		①		/			76						
27		①		/			77						
28		①		/			78						
29		①		/			79						
30		①		/			80						
31		①		/			81						
32		①		/			82						
33		①		/			83						
34				/			84						
35							85						
36							86						
37							87						
38							88.						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓	2	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	39	←	31	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	41		33				TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

U.S. DEPARTMENT OF COMMERCE
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